

Elizabeth Drucilla Arnold
 Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland* *Allegany*

Date 1902 *2-22* Month *2* Day *22* Y. *51* M. *51* D. *51*

Native of *Maryland* Occupation *Wife*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐

Number of children living *eight*

Husband of *Dennis Arnold*

Wife *2*

Father's Name *Lafferty* Mother's Maiden Name *Lafferty*

Cause of Death { Primary *Hysteria* Immediate *Exhaustion*

How long sick *4 months*

Accident, Suicide, Homicide ☐

Reported by *J. N. Fickman*

Address *J. N. Fickman*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Laura Bostie

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 16

Age

60

Ani

Servant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 0

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Disease of Spine

How long sick

Several years

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alma Biggs

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 1902

Age

7 days

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Sing~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Arson Biggs

Maiden Name

Annie

Jolline

Father

Cause of

Primary

Inanition

How long sick

Life

Death

Immediate

151

~~Accident, Suicide, Homicide~~

Reported by

Geo. L. Broadus

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thos. Brehamy Jr.
 Died at *Arkin* ^{Town} *Allegheny* ^{County} MARYLAND
 Date 1902 *Feb - 13* Month Day Y. M. D. Age *2-9* Native of *Arkin* Occupation
 Male White ~~Married~~ ~~Widow~~ Divorced
~~Female~~ Colored Single Widower Number of children living

~~Husband~~
 of

~~Wife~~

Father's
 Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Grover Cleveland Brommcker
 Town County

Died at Cumbyville Orange MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19 02 Feb 23 Age 16 8 25 not News Boy
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living Six

Husband of
 Wife

Father's Name Henry J. Brommcker Mother's Maiden Name Emma W. France

Cause of Death { Primary Septicæ Pneumonia How long sick about one year
 Immediate Exhaustion 27 Accident, ~~Suicide~~, ~~Homicide~~

Reported by Prosecution

Address Cumbyville me

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs. Sarah Broadwater
 Town County

MARYLAND

Died at *Moscow* *Allegheny*
 Month Day Y. M. D. Native of Occupation
 Date 19 *02* *2* *18* Age *54* *Maryland* *wife*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband *not*
 Wife

Father's Name Mother's Maiden Name *179*

Cause of Death { Primary *Unknown Called to see her first-when dying*
 Immediate *In an illness* How long sick
 Accident, Suicide, Homicide

Reported by *Dr. J. White-*

Address *Sonawing Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth J. Byrnes

Died at Eckhart Mines, Allegany, MARYLAND

Date 1902 Feb. 4 Y. M. D. Age 13. 11 Native of Occupation

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of Primary Rheumatism

Death Immediate attacking heart.

How long sick

Accident, Suicide, Homicide

Reported by

Address

Eckhart Mines, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 45663



John S Carr

Died at ^{Town} *Midland* ^{County} *Allegheny*

MARYLAND

Date 19 *02* ^{Month} *Feb* ^{Day} *14* ^{Y.} *44* ^{M.} *—* ^{D.} *—* ^{Native of} *M.D.* ^{Occupation} *Miner*

^{Male} *White* ^{Married} *Widow* ^{~~Divorced~~}

^{~~Female~~} *Colored* ^{Single} *Widower* ^{Number of children living} *5*

Husband of *Matthews* *120*

Father's Name *—* Mother's Maiden Name *—*

Cause of Death { ^{Primary} *Nephritis and Complications* ^{How long sick} *About 6 mos.*

^{Immediate} *disease of heart* ^{Accident, Suicide, Homicide} *—*

Reported by *Ch Brokmarrk*

Address *Lonaconing Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Infant of John A. Clark

Town

County

MARYLAND

Died at Harrison Park Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Feb 30 Age - - -

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of Primery

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jessie Oth Cleaver.

Town

County

Died at

Borden Mines

Alleghany.

MARYLAND

Data 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

28

Age

28

md

N H.

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Father's

Name

Maurice Cleaver.

Mother's

Maiden Name

Conrad Oth

Cause of

Primary

Death

Immediate

Puerperal Fever.

How long sick

11

~~Accident, Suicide, Homicide~~

Reported by

Dr. H. O. M. Lane

Address

Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Wm Roland Conker

Town

County

Died at

Cumbersland

alligany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb.

17

Age

2

md

chief

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Gabriel Conker

White

Cause of

Primary

Typhoid Pneumonia

How long sick

2 Weeks

Death

Immediate

& exhaustion

Accident, Suicide, Homicide

Reported by

Thos. A. Toward

Address

9 Slacks st.

Cumbersland. md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Daum

Died at ^{Town} Cumberland^{County} Allegany.

MARYLAND

Date 1902	Month 2	Day 4	Age Y. <u>5</u> M. <u>hon.</u> D.	Native of md	Occupation
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of

Wife

Fether's

Mother's

Name Otto Daum Maiden Name

Marie Schubert

Cause of Death	Primery	Deformed Head.	150	How long sick	5 hon
	Immediate	Exhaustion.		Accident, Suicide, Homicide	

Reported by

H.B. Miller

old Lutheran

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Benj. Davis

Town

County

Died at

Barton

Allegheny

MARYLAND

Date

1902 Feb 12

Month

Day

Age

Y.

M.

D.

Native of

Wales.

Occupation

Miner

Male

White

Married

~~Widow~~~~Divorced~~

Widower

Number of children living

2

Husband

of

Annie Davis

Father's

Name

Mother's

Name

Cause of

Primary

Infirmities of old age

How long sick

One week

Death

Immediate

Dysentery

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

A. Boucher.

Address

Barton

179 Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Lorissa Davis

Died at ^{Town} Hoffman

County Alleg.

MARYLAND

Date 1902 Feb. 7

Y. M. B. Age 80

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
ofWife
Father's
Name154
Mother's
NameCause of { Primary Stenopitudo puer
Death { Immediate old age.

How long sick

Accident, Suicide, Homicide

Reported by

Address

Blue Church
Eckhart J. Davis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1902



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

13

Age 36

-0-0

Ireland

Laborer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Consumption

Exhaustion

How long sick

2 years

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898



Name in Full

Certificate of Death

Eva Weitzek (Juni)

Town

County

Died at Cumberland Allegany MARYLAND

Month

Day

M.

D.

Native of

Occupation

Date 1902 Feb 4th Age 4 hours~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

John Beitzek (Linn)
 Died at Cumtland Allegheny MARYLAND
 Town County

Date 1902 Feb 4 14 hours
 Month Day Y. M. D.
 Age
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living

Husband of

Wife

Father's Name Joseph Beitzek Mother's Maiden Name Antonie Ruzick

Cause of Death { Primary Premature birth at How long sick —
 Immediate 6 months Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Patrick Delaney

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

5

Age

86.2.4.

Ireland

Miner

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Patrick J. Delaney, 23

Pat Delaney,

Mary Quinn

Cause of

Primary

Lobar Pneumonia.

How long sick

one week

Death

Immediate

Pericarditis

Accident, Suicide, Homicide

Reported by

Address

J. S. Howard M.H.

Vale Summit, Allegheny Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

G M

authentic comedy -

Travelling man

Certificate of Death

Died at ^{Town} *Easton* ^{County} *Allegheny* MARYLAND

Address Cum gratia

LIBRARY BUREAU, 65968



Mrs Eliza Gilbert

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 27

Age

87

England

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Disease of heart

How long sick

6 months

Death

Immediate

~~Accident, Suicide, Homicide~~

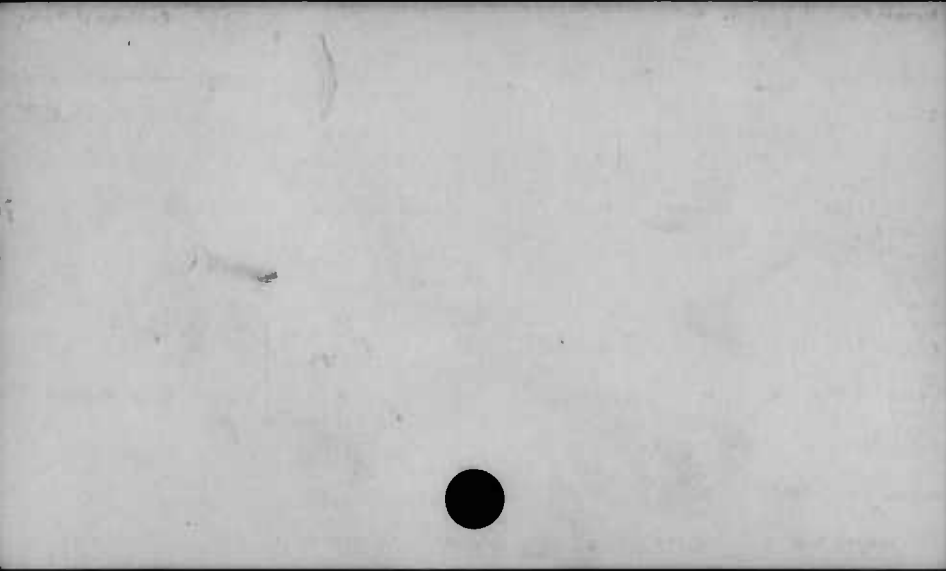
Reported by

H. W. Water

Address

Crumblin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name: Ms. Mary A. Gallagher
 Town: Lawson County: Allegheny MARYLAND
 Died at: Lawson
 Date 1902 Month Feb Day 24 Age 55 - Y. M. D. Native of Pa Occupation Housewife
 Sex: Female Color: White Married: Widow ~~Divorced~~ Number of children living Eight

Name of Hugh Gallagher Sr
 Wife: Patrick Boyle Mother's Name: Mary A. Higgins
 Cause of Death: Primary Inflammation of Liver & Pancreas How long sick 3 weeks
 Immediate Pyemia ~~Accident, Suicide, Homicide~~

Reported by J. B. Killian, M.D.
 Address Lawson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles A. Grinnell

Town

Pinto

County

Hlegary

MARYLAND

Died at

Date 1907

Month

2

Day

9

Age

Y.

M.

D.

47-11-0

Native of

Ireland

Occupation

Stone Mason

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

10

~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Rose Grinnell (Dawson)

Cause of

Primary

Pneumonia

Death

Immediate

Heart failure

How long sick

93

~~Accident, Suicide, Homicide~~

Reported by

Address

J M Spear
Cambridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608



Name In Full

Certificate of Death

William McCullough Hartcock

Died at ^{Town} Cumberland ^{County} Allegany. MARYLAND

Date 1902	Month 2	Day 5	Y.	M. 9	D. 14	Native of Md	Occupation
Male	White	Married				Widow	
Female	Colored	Single				Widower	Number of children living

Husband of
Wife

Father's Name	Howard Hartcock	Mother's Maiden Name	Sophia Betzold
---------------	-----------------	----------------------	----------------

Cause of Death	Primary	Pneumonia,	How long sick	93	93 weeks.
	Immediate	Exhaustion,			Accident, Suicide, Homicide

Reported by H.B. Miller

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name In Full

Certificate of Death

Francis G. Hoernicke
 Town Cumberland County
 Died at Maryland
 Date 1907 2 6 Y. M. D. Age 72 Native of Germany Occupation
 Male White Married Widower Divorced
 Single Number of children living now 164
 Husband of
 Wife
 Father's Name unknown Mother's Maiden Name unknown
 Cause of Death Primary Fractured Tibia & Fibula 7 weeks
 Immediate Exhaustion Accident, Suicide, Homicide
 Reported by J. L. Barden
 Address Cumberland Maryland
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Emma M. Jones*
 Town *Lawson* County *Allegheny* MARYLAND
 Died at *Lawson*
 Date 19*12* Month *Feb* Day *23* Y. *21* M. *9* D. *-* Native of *Ind* Occupation *none*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Number of children living *2*

Husband *George Jones* 21
 Wife *William Jones*
 Father's Name *George Jones* Mother's Maiden Name *William Jones*
 Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *2 years*
 Immediate *Intestinal Complication* Accident, Suicide, Homicide ☐
 Reported by *H. D. Skilling M.D.*
 Address *Lawson*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1901

Town *W. Swage*County *Alleghany*

MARYLAND

Month *Feb* Day *15*Y. *34* M. *+* D.Native of *America*Occupation *Sawyer Keeper*

Age

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~Number of children living *2*

Husband of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

*Bright's Disease**Failing heart compensation**mitral regurg + aortic stenosis*

How long sick

4 mos.

Accident, Suicide, Homicide

Reported by

Address

*Edw.**Alfred W. Swage*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name in Full

Certificate of Death

Bartholomew Kean

Town

County

Died at

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 12

Age

-26-

Cumberland

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~

Husband

of

Wife

Father's

Name

W. E. Kean.

Mother's

Name

Sandwich

Cause of

Primary

Mining this

61

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

James J. D. Kean, M.D.
Cumberland Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Nora Kenny
 Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

17

Age

65--

Ireland

Servant

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

-Number of children living

0

Husband

of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Heart disease

How long sick

1 year

Death

Immediate

Asphyxia

~~Accident, Suicide, Homicide~~

Reported by

J. M. Fear

Address

Cumt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

C Melvin McCulloch

Died at Timberland Town Allegheny County MARYLANDDate 1902 Month Feb Day 10th Y. 60 M. 60 D. md Native of Clark Occupation Clark

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Hemiplegia

Death

Immediate

Exhaustion

How long sick

14 days

Accident, Suicide, Homicide

Reported by

T.B. McDonald

M.D.

Address

Timberland

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79293



Name in Full

Certificate of Death

Name in Full *Bara M. McMillan*
 Died at *Lincolnton* Town *Allegany* County *MARYLAND*
 Date 19*02* Month *Feb* Day *10* Age *20* Y. *10* M. *10* D. *10* Native of *MD* Occupation *house girl*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of _____
 Wife _____
 Father's Name *James M. McMillan* Mother's Name *Lennie Louie Myers*
 Cause of Death { Primary *Maternal Stenosis* Immediate *Dropsy* How long sick *29* *eleven years*
 Accident, Suicide, Homicide
 Reported by *W. B. Skelley M.D.*
 Address *Lincolnton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gilbert

Martin

Town

County

Died at

Ford

Allegheny

MARYLAND

Date 1902	Month 2	Day 10	Age 0 0 3	Native of US	Occupation
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of

Wife

Father's Name

Christ Martin

Mother's

Maiden Name

Catharine Reizer

Cause of

Primary

Marasmus

How long sick

Death

Immediate

151

~~Accident, Suicide, Homicide~~

Reported by

C. Brotnarble

Address

Lonaconing Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lawson M. Mullinbarger

Town

County

Died at

MARYLAND

Date

1902 July 23

Age

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

John H. Mullinbarger

Mother's

Name

Mary Mullinbarger

Cause of

Primary

How long sick

Death

Immediate

151

~~Accident, Suicide, Homicide~~

Reported by

W. W. Wier

Address

Burnsville, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Margaret Piper

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

13

Age 55

-

-

fe

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 6

Husband

of

R. S. Piper

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Jaundice

114

How long sick

about 3 1/2 mos.

Death

Immediate

Gen. debility

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name In Full

Certificate of Death

John C. Hank
 Town County Allegany MARYLAND
 Died at
 Date 1902 Feb 4/ Age 29 - - Native of Pa. Occupation Laundry Proprietor
 Male White Married Widowed Divorced Number of children living One
 Female Colored Single Widower
 Husband of Gordon M. Hank
 Father's Name Gordon M. Hank Mother's Name Minnie Schmidt
 Cause of Death Primary Pulmonary tuberculosis How long sick One year
 Death Immediate Inevitably diarrhea Accident Suicide Homicide
 Reported by W. Q. Shilling M.D.
 Address Hagerstown, Md.
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jane M. Liger

Town

County

Died at *Cumberland Allegany*

MARYLAND

Date 1902 Feb 7 Age 64

Male White Married Widow Divorced

Female Colored Single Widower

Native of *ind* Occupation *wife*

Number of children living 7

Husband of *John B. Liger*

Wife

Father's Name *John Byroads* Mother's Maiden Name *Mary B. Byroads*

Cause of Death { Primary *Cerebral Hemorrhage* Immediate *Paralysis* } How long sick *10 days*

Accident, Suicide, Homicide

Reported by *James W. Liger*

Address *Cumberland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Isabel M. L. Resley -

Town

County

Cumberland.

Allegheny

MARYLAND

Died at

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Feb'y

10

Age

57

U. S.

Housewife

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Horace Resley

Mother's

Maiden Name

M. L. Lanahan -

Cause of

Primary

Pericarditis secondary to Infl. R.

How long sick

three weeks

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

R. J. Fechtig

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

James H. S. Riley
 Town County

Died at *Cumtuck* *Allegheny* MARYLAND
 Date 1912 *Feb.* Month *11* Day *70* Y. M. D. Native of *W. Va.* Occupation *Telegraph Operator*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Number of children living *6*

Husband of *Sarah E. B. Riley*
 Wife of *Sarah E. B. Riley*
 Father's Name *_____* Mother's Name *_____*
 Maiden Name *_____*

Cause of Death { Primary *Hemiplegia* Immediate *Paralysis* } How long sick *4 months*
64 Accident, Suicide, Homicide

Reported by *W. H. Hadgrom*
 Address *Cumtuck*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lavinia Schuber

Town

County

Died at

Cumtubuland Allegany

MARYLAND

Date 19

02 Feb 12

Month

Day

Age

49

Y.

M.

D.

Native of

Ind

Occupation

wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

Husband

of

Wife

William H. Schuber

Father's

Name

John Mister

Mother's

Maiden Name

Rose Meister

Cause of

Primary

Albuminuria

How long sick

about 2 years

Death

Immediate

traemia

120

Accident, Suicide, Homicide

Reported by

J. J. Mueswieser

Address

Cumtubuland



Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

D. F. Sparks
 Town *Cumberland* County *Allegheny* MARYLAND
 Died at
 Date 19 *02* Month *2* Day *8* Age *45* Y. M. D. Native of *Missouri* Occupation *Laborer*
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living *3*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

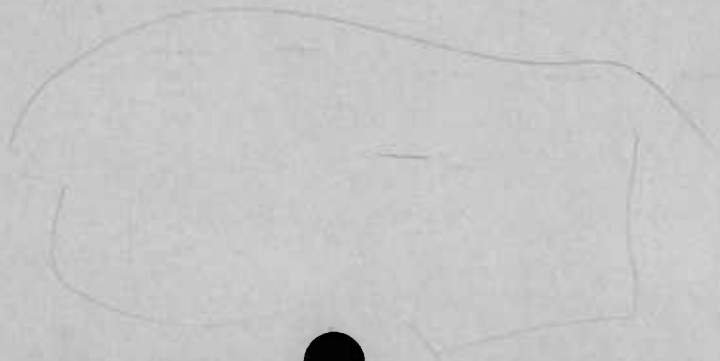
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full *Richard Ladd*
 Town *Lonaconing* County *Allegheny* MARYLAND
 Died at *Lonaconing*
 Date 19 *02* Month *Feb* Day *8* Age *- 2 -* Y. M. D. Native of *Ind* Occupation *none*
~~Male~~ Female ~~White~~ ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

 Father's
Name

Mother's

Maiden Name

Cause of Death { Primary *Capillary Bronchitis* Immediate *Conception of Brain*
 How long sick *2 days*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance otherwise by coroner, undertaker or minister.

Leonard Wacker

Town

County

Died at

Harpurville

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

2-6-

Age

23.10.15

U.S.

Miner

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Othe Wacker

Mother's

Maiden Name

Dye

Cause of

Primary

Pneumonia 93

How long sick

10 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. Brokmacher

Address

Sonaeomung

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

16

4

Age

3-0-6

Md

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

